

**CHILD AND FAMILY SERVICES & JUVENILE JUSTICE SYSTEMS RESIDENTIAL and OUTPATIENT SERVICES -- MEDICAID BILLING GRID****To Reflect Rate Increase Effective 07/01/2006****Legend of Abbreviations:**

DCFS = Div. of Child and Family Svcs.

DHS = Dept. of Human Services

DOH = Dept. of Health

DJJS = Division of Juvenile Justice Services

MHC = Mental Health Center

SVC = Service

**General Notes:**

1. All rates increased effective 7/1/2006.
2. SFD service code has been deleted and no longer used

DHS Svc. Code	RATE (Amount Paid To Providers)	Unit	BREAKDOWN OF RATE			DOH--Y Codes		HCPCS Code  (billed to DOH see note 12)	*****EDIT INFORMATION*****
			IVE Room & Board (IVE \$)	Education (Gen Fund \$)	Medicaid Treatment (Bill to DOH) (Title XIX \$)	MHC	DHS		
SECTION I--COMPREHENSIVE RESIDENTIAL SVCS. (Highest Level of Care)									Section I--Edit Information
DPI	\$276.81	day	37.33	14.47	225.01		Y0489	H2013	1. Only one provider may bill svcs to a client under one DHS residential svc code under Sections I, II, or III--for any particular service date (see Note #9). MHC's do not provide any Svcs. in Sections II or III. 2. Also, providers may not bill any Fee-for-Service Services in conjunction with any of the DHS services codes listed in Section I, for any particular service date. In other words, the following DHS Fee-for-svc codes may not be billed during the same period (by any Provider): DTM GBM IBM MCA SDG SDI SDS YFC YGT YIS YMM YMR YPE YXE 3. DTR SVC code added and effective in MMIS on 2/1/2001. 4. YOA SVC code removed per audit (last billing was 11/2/04 for Sept. 2004 services). 5. YTR SVC code added effective 7/1/04.
DPM/YPM	\$236.97	day	37.36	15.72	183.89	Y0490		H2013	
DPR/YPR	\$239.63	day	37.04	15.43	187.16		Y0491	H2013	
DSS/YSS	\$235.36	day	37.11	15.61	182.64	Y0492		H2013	
DSM/YSM	\$197.08	day	35.78	N/A	161.30	Y0493		H2013	
DRH/YRH	\$197.08	day	27.14	N/A	169.94	Y0494		H2013	
DTR/YTR	\$157.20	day	29.62	N/A	127.58	Y0494		H2013	
DAG	\$210.96	day	22.93	N/A	188.03	Y0495		H2013	
DCC	\$165.38	day	26.05	N/A	139.33		Y0496	H2013	
DFM/YFM	\$91.88	day	14.89	N/A	76.99	Y0497		H2013	

<b>SECTION II--RESIDENTIAL TREATMENT SVCS. (Medium Level of Care)</b>									
DLS/YLS	\$148.68	day	26.27	N/A	122.41		Y4101	H2016	<b>Section II--Edit Information</b> 1. Only one provider may bill svcs to a client under one DHS residential svc code under Sections I, II, or III--for any particular service date (see Note #9). MHC's do not provide any Svcs. in Sections II or III. 2. Providers may bill ONLY the following Fee-for-Service service codes in conjunction with the DHS service codes in Section II: SDS (see Note #10) YIS YMM YMR YPE YXE Conversely, the following Fee-for-Service svc. codes may NOT be used: DTM GBM IBM MCA SDG SDI YFC YGT 3. YOI SVC code added on 12/5/00--effective in MMIS as of 12/1/1999. 4. YPP SVC code added (includes COLA) to MMIS effective 7/1/01. 5. DRL SVC code added on 2/25/04.
DRL	\$147.38	day	26.05	N/A	121.33			H2016	
DST/YST	\$141.83	day	35.81	N/A	106.02		Y4102	H2016	
DRM/YRM	\$113.27	day	26.48	N/A	86.79		Y4103	H2016	
DTF/YTF	\$109.14	day	34.94	N/A	74.20		Y4104	H2016	
DPG/YPG	\$76.36	day	30.59	N/A	45.77		Y4106	H2016	
YOI	\$134.10	day	25.43	2.57	106.10		Y4107	H2016	
YPP	\$122.25	day	40.08	10.59	71.58		Y4107	H2016	

<b>SECTION III--FAMILY BASED RESIDENTIAL SVCS. (Lowest Level of Care)</b>									
DRC/YRC	\$68.59	day	\$31.39	N/A	\$37.20		Y4111	S5145	<b>Section III--Edit Information</b> 1. Only one provider may bill svcs to a client under one DHS residential svc code under Sections I, II, or III--for any particular service date (see Note #9). MHC's do not provide any Svcs. in Sections II or III. 2. Providers may bill any of the Fee-for-Service codes listed in Sections IV & V (except MCA), together with the DHS Svc. codes in Section III. But, Note #10 applies to SDS and MCA is allowed with SFD. 3. DIS was a new SVC code for SFY 2001--beginning date effective 7/1/2000.
DIR/YIR	\$69.90	day	\$15.23	N/A	\$54.67		Y4112	S5145	
DRL/YLR	\$71.45	day	\$15.57	N/A	\$55.88		Y4113	S5145	
DTS	\$72.19	day	\$15.73	N/A	\$56.46		Y4114	S5145	
DFB/YFB	\$59.76	day	\$15.14	N/A	\$44.62		Y4115	S5145	
DIS	Variable-\$279.47/day max.		N/A	N/A	up to \$279.47/day		Y4117	S5145	

<b>SECTION IV--OUTPATIENT Evaluation &amp; Treatment Svcs. (Fee-For-Service)</b>									
MCA	\$28.65	qtr hr	N/A	N/A	\$28.65	note 11	Y0480	90801-H0	<b>Section IV--Edit/Processing Information</b> 1. None of the DHS svc. codes in Section IV may be billed in conjunction with DHS service codes in Section I. 2. Only the following DHS service codes in Section IV may be billed in conjunction with the DHS service codes in Section II: SDS (see Note #10) YIS YMM YMR YPE YXE 3. All of the DHS service codes in Section IV may be billed in conjunction with the DHS service codes in Section III (except MCA). Note #10 applies to SDS.
SDS	\$3.14	qtr hr	N/A	N/A	\$3.14	note 11	Y0486	H2017	
YFC	\$23.49	qtr hr	N/A	N/A	\$23.49	note 11,13	Y0482	90806	
YFT	\$23.49	qtr hr	N/A	N/A	\$23.49	note 11	Y0482	90847	
YFW	\$23.49	qtr hr	N/A	N/A	\$23.49	note 11	Y0482	90846	
YGT	\$5.47	qtr hr	N/A	N/A	\$5.47	note 11	Y0483	90857	
YXE	\$28.61	qtr hr	N/A	N/A	\$28.61	note 11,13, 14	Y0481	96101	

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YPE	\$30.94	qtr hr	N/A	N/A	\$30.94	note 11	Y0488	90801	Note: IBM GBM SDI SDG codes only apply to MHCs. DTM code does not apply to MHCs. 4. (Information on having two separate rates for YPE eliminated--not necessary--see Note #11.) 5. YFT and YFW SVC codes effective 7/1/03. Previously these services were billed as YFC. Rates, Ycodes, and edits are identical; however, HCPCS codes are different.
YMM	\$80.45	session	N/A	N/A	\$80.45	note 11	Y0484	90862	
YMR	\$35.17	session	N/A	N/A	\$35.17	note 11	Y0485	90862-TD	
DTM	\$3.82	qtr hr	N/A	N/A	\$3.82	note 11	Y0487	H2017-U2	
IBM	No DHS rate/qtr hr		N/A	N/A	No DHS rate/qtr hr	note 11	N/A	N/A	
GBM	No DHS rate/qtr hr		N/A	N/A	No DHS rate/qtr hr	note 11	N/A	N/A	
SDI	No DHS rate/qtr hr		N/A	N/A	No DHS rate/qtr hr	note 11	N/A	N/A	
SDG	No DHS rate/qtr hr		N/A	N/A	No DHS rate/qtr hr	note 11	N/A	N/A	

**SECTION V--OTHER SVCS. (Fee-For-Service--Not Reimbursable)**

YIS	\$3.29	qtr hr	N/A	N/A	N/A	N/A	N/A	N/A
SAG	\$9.04	30 min	N/A	N/A	N/A	N/A	N/A	N/A
SAI	\$28.31	30 min	N/A	N/A	N/A	N/A	N/A	N/A

**Section V--Edit/Processing Information**

1. YIS may NOT be billed in conjunction with the DHS Svc Codes in Section I.
2. YIS may be billed in conjunction with the DHS Svc Codes in Section II & III. But, this is currently not allowed by DCFS contract.
3. SAG and SAI are for a specific DJJS program.

**Notes--General and Other Processing Information:**

1. For now, only MHCs residential svcs. billings and some DJJS "non-residential svcs." billings will be processed through DHS to DOH. Eventually, it is intended that all MHC services will be billed through DHS to DOH; (however, major impediments would have to be overcome before this is possible).
2. A number of DHS service codes were added to the system, effective 12/01/98, as a result of bundling services (having one combined rate for residential services provided).
3. All conflicting claims due to two or more providers billing svcs. to a client for the same period (or partial period), under Sections I, II, and/or III, should edit as denied claims.
4. As of 10/01/03, HCPCS codes are used to bill services to DOH. Y-codes are the codes under which DHS bills services to the DOH, prior to 10/01/03. MHCs have Y-codes which are separate from other providers (i.e. private providers).
5. 5 of the 11 MHCs provide Residential Svcs under DHS Medicaid Provider Numbers, at DCFS and DJJS requests.
6. The data processing system needs to enable a breakout of each claim into its separate parts, so that only the Medicaid portion is billed to DOH.
7. The IVE, Education, and Medicaid portions of claims processed are to be separated out and assigned different accounting codes prior to posting to FINET.
8. DOH will provide DHS with a weekly electronic file of MHC direct billings that will be processed to provide reports and data files for review and information purposes.
9. One day overlap of two different services in Sections I, II, & III is allowed for two different providers, but not for the same provider.
10. The same Provider should not be allowed to bill for both a Residential Treatment SVC code (in either Section II or Section III) and a SDS Fee-for-Service code on the same day.
11. MHC Y-codes are no longer listed for Section IV--Outpatient Svcs., as these Svcs. are not billed through USSDS and DHS does not participate in the determination of these rates.
12. Unique HCPCS codes cannot be tied to individual DHS service codes. DOH Medicaid decided to tie the HCPCS codes to the three broad level of care classifications.  
DOH Medicaid will program their payment system to accept a request for reimbursement as long as the reimbursement does not exceed the highest rate for a given category.
13. If service codes YFC and YXE ever become bundled (more than just Medicaid), then we need to check the programs. An input edit has been implemented that assumes these service codes are 100% Medicaid. 11/19/04 JTP per Don.
14. The HCPCS code changed from 96100 to 96101 beginning Jan 1, 2006
15. The service code SFD has been deleted and no longer is used in claims